



## Diabetes

## Dateline

National Diabetes Information Clearinghouse

Summer 2010

## Intensive Blood Pressure and Combination Lipid Therapies Do Not Reduce Combined Cardiovascular Events in Adults with Diabetes

**L**owering blood pressure to below recommended levels and treating blood lipids with combination drug therapy failed to significantly reduce cardiovascular disease (CVD) events in adults with type 2 diabetes, according to new results from the landmark Action to Control Cardiovascular Risk in Diabetes (ACCORD) clinical trial.



were enrolled in the ACCORD blood glucose treatment clinical trial and maintained good control of blood glucose levels during the study. In addition, participants were enrolled in either the blood pressure trial or the lipid trial and were treated and followed for an average of about 5 years.

Results of the ACCORD blood glucose clinical trial were reported in 2008. That trial found that intensively lowering blood

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The ACCORD trial is one of the largest studies ever conducted in adults with type 2 diabetes with an especially high risk of CVD events, such as heart attack, stroke, or death from CVD. The multicenter clinical trial tested three strategies to lower the risk of major CVD events: intensive control of blood glucose, also called blood sugar; intensive control of blood pressure; and treatment of multiple blood lipids. The study's primary sponsor was the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH). The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) also provided support for the study.

ACCORD researchers from 77 medical centers in the United States and Canada studied more than 10,000 participants between the ages of 40 and 79 who had type 2 diabetes for an average of 10 years. The participants also had pre-existing CVD, evidence of subclinical CVD, or at least two CVD risk factors. All the participants

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**NIDDK**  
NATIONAL INSTITUTE OF  
DIABETES AND DIGESTIVE  
AND KIDNEY DISEASES

"**ACCORD** provides important evidence to help guide treatment recommendations for adults with type 2 diabetes who have had a heart attack or stroke or who are otherwise at especially high risk for cardiovascular disease."

**Susan B. Shurin, M.D.**  
Acting Director, NHLBI

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glucose to near-normal levels brought a higher risk of death for participants than standard blood glucose control. For more information, see "New Analysis of Data from the ACCORD Blood Glucose Trial."

The results of the blood pressure and lipid trials appeared in the March 14, 2010, online edition of *The New England Journal of Medicine*.

In the blood pressure trial, researchers randomly assigned more than 4,700 participants with elevated blood pressure to a target systolic blood pressure of either below 140 millimeters of mercury (mmHg)—the standard group—or a normal level of below 120 mmHg—the intensive group. A variety of medications were used to

reach blood pressure goals. The study found that lowering blood pressure to normal levels does not significantly reduce the risk of CVD events overall, although it may reduce the risk of stroke. More intensive blood pressure control was associated with a higher risk of serious adverse events.

In the lipid trial, researchers compared the cardiovascular effects of a statin (simvastatin) with combination therapy of a statin and a fibrate (fenofibrate) in more than 5,500 participants. Both statins and fibrates are used to treat abnormal levels of blood lipids. Statins lower low-density lipoprotein (LDL), or "bad," cholesterol and are proven to lower CVD risk in

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## New Analysis of Data from the ACCORD Blood Glucose Trial

A new analysis of the Action to Control Cardiovascular Risk in Diabetes (ACCORD) blood glucose trial data was published in the May 2010 issue of *Diabetes Care*. This new analysis may help explain why ACCORD trial participants in the intensive glucose treatment group had a higher risk of death than participants in the standard treatment group. The analysis revealed that the higher risk of death in the intensive blood glucose control group occurred in a subgroup of participants who could not achieve the A1C target of below 6 percent. The authors suggest that the increased risk of death was due to factors associated with failure to reach near-normal A1C levels despite intensive glucose lowering treatment.

Initial trial results were reported in *The New England Journal of Medicine* in June 2008, after researchers halted the intensive blood glucose control group of the trial due to the higher mortality rate in that group. In early analysis, the researchers concluded that blood glucose control should be tailored to the needs of each individual. Less intensive control may be appropriate for certain patients with complicating health issues, whereas intensive control may be more appropriate for patients who are recently diagnosed and have a long life-expectancy. ■

## Diabetes Dateline

**Diabetes Dateline**, an email newsletter, is sent to subscribers by the National Diabetes Information Clearinghouse (NDIC). The newsletter features news about diabetes, special events, patient and professional meetings, and new publications available from the NDIC and other organizations.

You can read or download a PDF version or subscribe to the newsletter at [www.diabetes.niddk.nih.gov/about/newsletter.htm](http://www.diabetes.niddk.nih.gov/about/newsletter.htm).



### Executive Editor: Judith Fradkin, M.D.

Dr. Fradkin is the director of the Division of Diabetes, Endocrinology, and Metabolic Diseases for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), part of the National Institutes of Health in Bethesda, MD. Dr. Fradkin earned her M.D. from the University of California at San Francisco and completed an internship and residency at Harvard's Beth Israel Hospital in Boston. Dr. Fradkin came to the NIDDK as a clinical associate in 1979 after an endocrinology fellowship at Yale University. She has overseen NIDDK-supported research in various roles, directing the Institute's research programs in diabetes, cystic fibrosis, endocrinology, and metabolic diseases. A practicing endocrinologist, Dr. Fradkin continues to treat patients at the National Naval Medical Center in Bethesda, where she worked as a staff endocrinologist in the early 1980s.



## A1C Test Recommended for Diagnosis of Diabetes

The A1C test, long used as a diabetes management tool, is now recommended by the American Diabetes Association (ADA) for use in the diagnosis of diabetes and pre-diabetes. The test is an alternative to standard glucose testing with the fasting plasma glucose (FPG) test and the oral glucose tolerance test (OGTT). The recommendation was made in the ADA's "Standards of Medical Care in Diabetes-2010," published in the January 2010 issue of *Diabetes Care*.



Also called the hemoglobin A1C test or the glycated hemoglobin test, the A1C test provides an estimate of average blood glucose levels over the preceding 2 to 3 months. A normal A1C level is around 5 percent. An A1C level of 6.5 percent or above indicates diabetes, and an A1C level of 5.7 to 6.4 percent is considered pre-diabetes.

Although the A1C test is not more accurate than the FPG test and the OGTT, it does not require fasting and can be measured at any time of day. Experts hope the convenience of the test will result in more people who are at risk of diabetes or pre-diabetes being tested, thus reducing the number of people with undiagnosed diabetes in the United States.

The ADA had not previously recommended the A1C test for diagnostic purposes due to the lack of standardization of the assay. However, laboratory-based A1C tests are now highly standardized due to efforts by the National Glycohemoglobin Standardization Program (NGSP). The ADA recommends that when used for diagnosis, the A1C test should be performed in a laboratory using a method certified by the NGSP. A1C tests done in doctors' offices—point of care tests—are useful in guiding therapy but are not sufficiently accurate to be used for diagnosis of diabetes.

The A1C test can be misleading in people with less common forms of red blood cell hemoglobin, or hemoglobinopathies, such as sickle cell trait.

The NGSP provides a list of A1C assays that are accurate in people with hemoglobinopathies. The A1C test should not be used to diagnose diabetes in people with conditions that shorten red blood cell survival, including certain types of anemia and pregnancy. More information about the A1C test and factors that interfere with test results is available at [www.ngsp.org](http://www.ngsp.org).

### ADA Definitions of Pre-diabetes and Diabetes

The following table presents the ADA definitions of pre-diabetes and diabetes using the three recommended diagnostic tests. When a test result indicates diabetes, the diagnosis should be confirmed by repeating the same test on a different day or by using the results of a different test. Diabetes can also be diagnosed using a random plasma glucose test in a person with severe, classic symptoms of diabetes.

Test	Pre-diabetes	Diabetes
A1C	5.7 to 6.4 percent	6.5 percent or above
FPG	100 to 125 milligrams per deciliter (mg/dL) or 5.6 to 6.9 millimoles per liter (mmol/L)—impaired fasting glucose	126 mg/dL or 7.0 mmol/L and above
OGTT	140 to 199 mg/dL or 7.8 to 11.0 mmol/L—impaired glucose tolerance	200 mg/dL or 11.1 mmol/L and above

# Newly Identified Genes Influence Insulin and Glucose Regulation

## Five of These Variants Raise Type 2 Diabetes Risk

An international research consortium has found 13 new genetic variants that influence blood glucose, also called blood sugar, regulation; insulin resistance; and the function of insulin-secreting beta cells in populations of European descent. Five of the newly discovered variants increase the risk of developing type 2 diabetes, the most common form of diabetes.

"We were intrigued to find that most of the newly found variants influence insulin secretion rather than insulin resistance."

Inês Barroso, Ph.D.  
Wellcome Trust Sanger  
Institute

The results of two studies, conducted by the Meta-Analyses of Glucose and Insulin Related Traits Consortium (MAGIC), provide important clues about the role of beta cells in the development of type 2 diabetes. The studies, which were funded in part by the National Institutes of Health, appeared in the January 17, 2010, online issue of *Nature Genetics*.

Researchers in one study analyzed about 2.5 million genetic variants in 21 genome-wide association studies that had enrolled 46,186 people who did not have diabetes and had been tested for measures of glucose and insulin regulation. Genome-wide association studies look for common genetic associations by scanning the DNA of thousands of people. The huge numbers of genetic samples boost the chances of finding subtle associations of genetic variants with specific diseases or traits. The most common variation is a change in a single nucleotide polymorphism (SNP), or single base pair change, in one of the building blocks of DNA.

The initial analysis yielded 25 candidate SNPs that were further tested in genetic samples from about 77,000 additional individuals. This step led to 16 SNPs that were clearly associated with fasting glucose and beta cell function and two SNPs associated with fasting insulin and insulin resistance. The investigators then asked whether any of the SNPs raise type 2 diabetes risk by comparing gene variants from thousands of people with and without type 2 diabetes.



"The hallmarks of type 2 diabetes are insulin resistance and impaired beta cell function. We were intrigued to find that most of the newly found variants influence insulin secretion rather than insulin resistance. Only one variant, near *IGF1*, is associated with insulin resistance," said lead author Inês Barroso, Ph.D., of the Wellcome Trust Sanger Institute, Cambridge, England.

Beta cell impairment may play a larger role in type 2 diabetes than previously recognized, the authors suggest. Also, the environment may contribute to insulin resistance more than it does to insulin secretion. Learning how the genes influence cell signaling and development, glucose sensing, and hormonal regulation will assist the development of targeted methods to prevent and treat diabetes, they conclude.

"Our study shows that genetic studies of glycemic traits can identify loci for type 2 diabetes risk," said lead co-author Jose Florez, M.D., Ph.D., of Massachusetts General Hospital and Harvard Medical School. "However, not all loci that influence blood glucose regulation are associated with greater risk for type 2 diabetes. Some loci elevate fasting glucose slightly but do not raise diabetes risk. It appears that it's not the mere elevation in glucose, but how glucose is raised, that determines type 2 diabetes risk."

In the second study, MAGIC researchers evaluated genetic associations with glucose levels

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people with diabetes. Fibrates primarily lower fats in the blood known as triglycerides and raise high-density lipoprotein (HDL), or “good,” cholesterol. High triglycerides and low HDL levels are common in people with diabetes.

Combination therapy appeared to be safe, but it did not lower the risk of heart attack, stroke, or death from CVD more than statins alone. Henry Ginsberg, M.D., of Columbia University, lead author of the lipid trial, said, “Although our analysis suggests that certain patients may benefit from combination therapy, this study provides important information that should spare many people with diabetes unneeded therapy with fibrates.”

“ACCORD provides important evidence to help guide treatment recommendations for adults with type 2 diabetes who have had a heart attack or stroke or who are otherwise at especially high risk for cardiovascular disease,” said NHLBI Acting Director Susan B. Shurin, M.D.

More information about research projects funded by the NIH can be found by using the Research Portfolio Online Reporting Tools (RePORT) Expenditures and Results (RePORTER) tool located at [www.projectreporter.nih.gov/reporter.cfm](http://www.projectreporter.nih.gov/reporter.cfm).

The NIDDK has easy-to-read booklets and fact sheets about diabetes. For more information or to obtain copies, visit [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov). ■

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The ADA noted in diagnosing pre-diabetes, risk extends below the lower limit of the range and is disproportionately greater at the higher end of the range for all three tests. Thus, a person with an A1C above 6.0 percent should be considered at very high risk, and a person with an A1C of below 5.7 percent may still be at risk depending on individual factors.

The National Diabetes Information Clearinghouse, an information dissemination service of the National Institute of Diabetes and Digestive and Kidney Diseases, has fact sheets and easy-to-read booklets about diabetes testing and management. For more information and to obtain copies, visit [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov). ■

**INSULIN AND GLUCOSE**, continued from page 4

2 hours after an oral glucose challenge test in a subset of 15,234 participants. They found that a genetic variant influences blood glucose levels after a glucose challenge test. Individuals with the risk variant have reduced beta cell function.

The discovery highlights the role of incretin hormones, which are released from endocrine cells in the gut. “This finding adds to a growing body of evidence implicating the incretin pathways in type 2 diabetes risk. These pathways, which stimulate insulin secretion in response to digestion of food, may offer a potential avenue for therapeutic intervention,” said senior author Richard Watanabe, Ph.D., of the University of Southern California.

“Even with the discovery of these variants, we’ve only explained about 10 percent of the genetic contribution to fasting glucose in people who do not have diabetes,” Florez cautioned. Yet undiscovered genes may be found by studies that increase sample sizes to detect smaller effects and look for less common variants as well as non-SNP variants—for example, insertions, deletions, and duplications of DNA that haven’t been well studied yet.

The National Institute of Diabetes and Digestive and Kidney Diseases has fact sheets and easy-to-read booklets about diabetes. For more information, visit [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov). ■

## NIH Launches Program to Develop Innovative Approaches to Combat Obesity

The National Institutes of Health (NIH) is launching Translating Basic Behavioral and Social Science Discoveries into Interventions to Reduce Obesity, a \$37 million program that will use findings from basic research on human behavior to develop more effective interventions to reduce obesity. The program will fund interdisciplinary teams of researchers at seven research sites in California, Illinois, Michigan, New York, and Rhode Island.



The study will identify and test strategies for reducing the intake of high-calorie foods while increasing the amount of fruits and vegetables that children consume.

The program is led by the National Heart, Lung, and Blood Institute, in partnership with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the National Cancer Institute, the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, and the NIH Office of Behavioral and Social Sciences Research.

Investigators will conduct experimental research, formative research to increase understanding of populations being studied, small studies known as proof-of-concept trials, and pilot and feasibility studies to identify promising new avenues for encouraging behaviors that prevent or treat obesity.

The program's studies focus on diverse populations at high risk of being overweight or obese. The interventions will include creative new approaches to promote awareness of specific eating behaviors, decrease the desire for high-calorie foods, reduce stress-related eating, increase motivation to adhere to weight-loss strategies, engage a person's social networks and communities to encourage physical activity, and improve sleep patterns. Brain scans will also be used to understand brain mechanisms in obesity that might guide the development of new interventions.

Because obesity is a strong risk factor for type 2 diabetes, developing effective interventions to prevent or treat obesity could help reduce the burden of diabetes and its complications on the public's health.

### NIDDK-sponsored Study Tests Ways to Change Children's Eating Behaviors

Among the studies in the NIH program is the NIDDK-sponsored study Translating Habituation Research to Interventions for Pediatric Obesity, which is led by investigator Leonard H. Epstein, Ph.D., State University of New York at Buffalo. This study will translate basic research on the reduced response to food after repeated exposure over time. The study will identify and test strategies for reducing the intake of high-calorie foods while increasing the amount of fruits and vegetables that children consume.

The study is based on the concept of "habituation," the point at which a person no longer is interested or motivated to eat a particular food. Laboratory-based experiments have shown that, compared with non-obese participants, people who are obese are slower to reach that disinterest point, so they continue to eat and consume more calories. Research also has shown that a new food can regenerate interest in eating after habituation occurs.

Epstein and colleagues believe they can adapt these proven behavioral motivation concepts to help children lose interest in nonnutritious foods through habituation, while tempting them with new choices of healthy foods. If the approach changes behavior, it would result in weight loss.

The study is aimed at children ages 8 to 12 who are overweight. During the first year of the

## NIH and FDA Announce Partnership to Speed New Treatments to Patients

The U.S. Food and Drug Administration (FDA) and the National Institutes of Health (NIH) have launched an initiative designed to accelerate the process from scientific breakthrough to the availability of new, innovative medical therapies for patients. The collaboration combines the NIH's vast experience supporting and facilitating new discoveries in the laboratory and clinic with the FDA's more than 100 years of experience and knowledge in the regulation and approval of drugs, biologics, and medical devices.



"Collaboration between NIH and FDA, including support for regulatory science, will go a long way to foster access to the safest and most effective therapies for the American people."

**Kathleen Sebelius**  
Secretary, U.S. Department of  
Health and Human Services

The initiative involves two interrelated scientific disciplines: translational science, the shaping of basic scientific discoveries into treatments, and regulatory science, the development and use of new tools, standards, and approaches to more efficiently develop products and more effectively evaluate product safety, efficacy, and quality. Both disciplines are needed to turn biomedical discoveries into safe and beneficial treatments.

The agencies will establish a Joint NIH-FDA Leadership Council to spearhead collaborative work on important public health issues. The Joint Leadership Council's work will help ensure that regulatory considerations form an integral component of biomedical research planning and that the latest science is integrated into the regulatory review process.

In addition, the NIH and the FDA will jointly issue a Request for Applications, making \$6.75 million available over 3 years for work

in regulatory science. The research supported through this initiative should add to the scientific knowledge base by providing new methods, models, or technologies that will inform the scientific and regulatory community about better approaches to evaluating safety and efficacy in medical product development.

"We've all been following the remarkable advances in biomedical sciences led by the NIH with great enthusiasm for years," said U.S. Department of Health and Human Services Secretary Kathleen Sebelius, who announced the initiative on February 24, 2010. "However, much more can be done to speed the progress from new scientific discoveries to treatments for patients. Collaboration between NIH and FDA, including support for regulatory science, will go a long way to foster access to the safest and most effective therapies for the American people." ■

## Diabetes Mellitus Interagency Coordinating Committee Focuses on Comparative Effectiveness Research at April 2010 Meeting

Comparative effectiveness research (CER) was the topic for the Diabetes Mellitus Interagency Coordinating Committee (DMICC) meeting on April 30, 2010. CER compares the effectiveness of treatments and strategies to improve health.

**"The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels."**

**Institute of Medicine**  
*Initial National Priorities for Comparative Effectiveness Research*

As speakers at the DMICC meeting noted, CER is not a new approach to research—the National Institutes of Health (NIH) and other federal agencies have been conducting and supporting CER for decades. However, a recent Federal Government emphasis on CER, along with funding through the American Recovery and Reinvestment Act of 2009, has stimulated interest in new CER projects to produce evidence to enhance medical decisions made by patients and their medical providers.

The Recovery Act included \$1.1 billion for CER, including \$400 million for the NIH, \$400 million for the Office of the Secretary of Health and Human Services, and \$300 million for the Agency for Healthcare Research and Quality (AHRQ). Much of the funding has been allocated for specific projects.

Judith Fradkin, M.D., director, Division of Diabetes, Endocrinology, and Metabolic Diseases for the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), chaired the DMICC meeting and presented information about diabetes CER at the NIDDK. Other speakers included Michael Lauer, M.D., National Heart, Lung, and Blood Institute (NHLBI); Christine Chang, M.D., and Barbara Bartman, M.D., AHRQ; Hylton Joffe, M.D., and Hui Talia Zhang, M.D., Sc.D., U.S. Food and Drug Administration; and James Rollins, M.D., Ph.D., Centers for Medicare & Medicaid Services. The speakers addressed diabetes CER at their respective agencies.

### Defining CER

Multiple definitions of CER exist. The Institute of Medicine's 2009 report *Initial National Priorities for Comparative Effectiveness Research* defined CER as "the generation and synthesis of evidence that compares the benefits and harms of alternative methods to prevent, diagnose, treat, and monitor a clinical condition or to improve the delivery of care. The purpose of CER is to assist consumers, clinicians, purchasers, and policy makers to make informed decisions that will improve health care at both the individual and population levels." The report is available at [www.iom.edu/Reports/2009/ComparativeEffectivenessResearchPriorities.aspx](http://www.iom.edu/Reports/2009/ComparativeEffectivenessResearchPriorities.aspx).

Lauer said that although the current interest in CER is exciting, CER itself is not new. He described a clinical trial in the early 1880s in which a Scottish surgeon compared the commonly used treatment of bloodletting with other treatments. The trial found that bloodletting increased death risk tenfold. Nevertheless, bloodletting continued to be popular among leading physicians for more than 100 years. Lauer gave some modern examples of accepted therapies that were later found to be harmful or useless and noted that excessive belief in logic, strong personalities, excessive reliance on observational data, and habit all contribute to the use of such discredited treatments. CER has always

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grant, researchers will conduct a series of laboratory-based studies to test factors that may influence habituation to entrees and snacks in both the short- and long-term. One of these studies will test the effects of simultaneously reducing the variety of high-calorie, nonnutritious foods while increasing the variety of low-calorie, healthy foods.

In years two and three, researchers will test these approaches with participants in their homes. If the approaches are successful, during years four and five these findings will be translated into interventions pediatricians can use in their practices to treat childhood obesity.

“Childhood obesity is a prevalent problem that tracks over time,” says Epstein. “Obese youth are

at increased risk of becoming obese adults. We think this research will provide new treatment strategies to interrupt this extremely unhealthy progression.”

More information about research projects funded by the NIH can be found by using the Research Portfolio Online Reporting Tools (RePORT) Expenditures and Results (RePORTER) tool located at [www.projectreporter.nih.gov/reporter.cfm](http://www.projectreporter.nih.gov/reporter.cfm). The research described in this article is funded under NIDDK grant number 1U01DK088380-01.

The NIDDK has easy-to-read booklets and fact sheets about diabetes. For more information or to obtain copies, visit [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov). ■

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been controversial, in part because its findings can be a threat to sellers of costly goods and services that are shown to be of no benefit.

Fradkin highlighted several landmark studies that have employed CER methods to shed light on treatment approaches for people with pre-diabetes and diabetes, including the Diabetes Control and Complications Trial (DCCT), the Diabetes Prevention Program (DPP), the United Kingdom Prospective Diabetes Study, and the NHLBI's Action to Control Cardiovascular Risk in Diabetes (ACCORD) study. The ACCORD study and other large studies have examined intensive control of blood glucose, also called blood sugar, levels; blood pressure; and lipids, but many questions remain unanswered. One important area in which CER is needed is diabetes medications. Nine classes of drugs have been approved for type 2 diabetes treatment, but

data are needed to guide health care providers in decisions about add-on medications when monotherapy with first-line agent metformin does not succeed in controlling blood glucose levels. Comparative head-to-head studies of the various drugs and drug classes with longer follow-up than in studies done for drug approval are needed to provide the missing data.

More information about the DMICC and its work can be found in the publication *Diabetes Mellitus Interagency Coordinating Committee: Coordinating the Federal Investment in Diabetes Programs to Improve the Health of Americans*, available online at [www.diabetescommittee.gov](http://www.diabetescommittee.gov).

The NIDDK has easy-to-read booklets and fact sheets about diabetes, including fact sheets about the DCCT and the DPP. For more information or to obtain copies, visit [www.diabetes.niddk.nih.gov](http://www.diabetes.niddk.nih.gov). ■

## NIDDK Celebrates 60 Years of Research to Improve Health



"We celebrate the Institute's accomplishments over the past 60 years in supporting and conducting research on some of the most common, chronic, and costly diseases affecting people in this country and around the world."

**Griffin P. Rodgers, M.D., M.A.C.P.**  
Director, NIDDK

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) was established 60 years ago by President

Harry S. Truman. In announcing activities that will mark the Institute's anniversary, NIDDK Director Griffin P. Rodgers, M.D., M.A.C.P., said, "We celebrate the Institute's accomplishments over the past 60 years in supporting and conducting research on some of the most common, chronic, and costly diseases affecting people in this country and around the world, as well as on diseases and disorders that are less widespread but nonetheless devastating in their impacts."

As part of the commemoration of the NIDDK's 60th anniversary, the Institute published *NIDDK: 60 Years of Advancing Research to Improve Health*, which highlights the Institute's research accomplishments and describes its current efforts and future plans. The publication is available to read or download at [www2.niddk.nih.gov/AboutNIDDK/ReportsAndStrategicPlanning/SixtiethAnniversary](http://www2.niddk.nih.gov/AboutNIDDK/ReportsAndStrategicPlanning/SixtiethAnniversary). A video highlighting select advances from the 60th anniversary publication is available at [www3.niddk.nih.gov/video/60\\_anniv](http://www3.niddk.nih.gov/video/60_anniv).



The NIDDK also has announced a schedule of special events to commemorate the anniversary. Among these activities is the NIDDK's scientific symposium "Unlocking the Secrets of Science: Building the Foundation for Future Advances," which will be held in Bethesda, MD, on September 21, 2010. More information about this and other activities is available at [www2.niddk.nih.gov/60thAnniversaryEvents.htm](http://www2.niddk.nih.gov/60thAnniversaryEvents.htm). ■

## NIDDK Information Products Receive 14 Plain Language Awards

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) publications, websites, and other informational products have been honored with 14 National Institutes of Health (NIH) Plain Language Awards. The annual awards program, now in its 10th year, honors communication products that help the NIH reach all Americans with health information they can use and research results they can easily understand.

NIDDK resources—including publications, radio reports, and web-based materials—received five Bronze, five Silver, and four Gold awards. The winning publications included easy-to-read materials designed for Spanish- and Vietnamese-speaking audiences.

More than 300 nominations were submitted for this year's awards, and the winners were announced during a ceremony May 26. Information about the NIH Plain Language Awards program and a list of winning entries is available at [www.nih.gov/clearcommunication/plainlanguage.htm](http://www.nih.gov/clearcommunication/plainlanguage.htm). ■

## NIDDK Scientist Elected to American Academy of Arts and Sciences

G. Marius Clore, M.D., Ph.D., chief of the National Institute of Diabetes and Digestive and Kidney Diseases' Protein Nuclear Magnetic Resonance Section, was elected a member of the American Academy of Arts and Sciences. Each year the Academy, founded in 1780, elects a class of men and women of exceptional achievement in science, scholarship, business, public affairs, and the arts to conduct projects and studies responsive to society's needs and problems. Visit [www.amacad.org](http://www.amacad.org) to learn more about the Academy. ■



## NIDDK Publication Highlights Research Advances



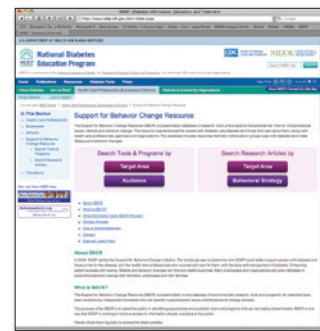
*NIDDK Recent Advances and Emerging Opportunities*, published each year since 2001, provides examples of the research advances made by National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)-funded scientists and their colleagues in the most recent fiscal year. The 2010 publication includes "Stories of Discovery," which traces progress in specific research areas, and "Patient Profiles," which tells patients' personal stories. The publication is available to read or download at [www2.niddk.nih.gov/AboutNIDDK/ResearchAndPlanning/Advances/FY2010/default.htm](http://www2.niddk.nih.gov/AboutNIDDK/ResearchAndPlanning/Advances/FY2010/default.htm). ■

## Would you like to know more about NIDDK-supported research?

The National Institutes of Health (NIH) provides access to a variety of reporting tools, reports, data, and analyses of NIH research activities at the Research Portfolio Online Reporting Tools (RePORT) website, [www.projectreporter.nih.gov/reporter.cfm](http://www.projectreporter.nih.gov/reporter.cfm). One of the tools available is RePORT Expenditures and Results (RePORTER), which allows users to search a repository of NIH-funded research projects and access and download publications and patents resulting from NIH funding. ■

## NDEP Offers New Resource to Support Behavior Change

The National Diabetes Education Program (NDEP) has launched a new resource for supporting behavior change in people who have diabetes or who are at risk for diabetes and their families.



The Support for Behavior Change Resource (SBCR) is an online database that provides easy access to existing research articles, tools, and programs that address the “how to” of behavior change. The database includes a variety of resources that help individuals and groups cope with diabetes and make lifestyle and behavior changes. Independent expert reviewers have reviewed all materials in the database. This new resource provides the following:

- **Research articles.** The articles in the SBCR are review articles, landmark studies, and meta-analyses. They are categorized by target area, such as Appointment Keeping, Physical Activity, and Weight Management, and behavioral or coping strategy, such as Goal Setting, Patient Empowerment, Problem Solving, Active Listening, Coping Skills, and Social and Peer Support. The SBCR is not an exhaustive list of research articles, but rather a selection of current publications that provide useful information for those wishing to enhance their knowledge and understanding of the science of psychological health and

behavior change and promote the practical application of these strategies.

- **Tools and programs.** The tools and programs in the SBCR facilitate coping and the behavior change process. Materials included provide both educational information and specifics about how to make behavior changes. The recommended tools and programs are categorized by target area, such as Medication Taking, Physical Activity, Coping, and Stress and Emotions, and target audience, such as People with Diabetes, Children and Teens, Older Adults, and Spanish Language.

**The NDEP is now accepting new submissions to the SBCR.** The NDEP seeks to identify additional research and tools and programs that can help people with diabetes, people at risk, and their health care teams and other organizations in their self-management efforts that contribute to improved health outcomes.

To access the SBCR, search the database, or submit a tool, visit [www.ndep.nih.gov/sbcr](http://www.ndep.nih.gov/sbcr). ■

## New NDEP Resource Helps with Transition from Pediatric to Adult Care

Transitioning from pediatric to adult health care can be a challenge for teens and young adults with diabetes, their parents, and pediatric and adult health care providers. The National Diabetes Education Program's (NDEP's) new Transitions webpage provides the following resources to help with the process:

- The Transition Planning Checklist includes a timeline to guide the transition planning process and suggests key action steps for completing various aspects of the process.
- The Clinical Summary for New Health Care Team is an at-a-glance document to support the new adult care

team and provides helpful information such as a list of the patient's current medical problems, medical history, medications, self-monitoring information, and patient/family comments.

- The Resource List offers additional online resources such as videos, message boards, social networks, workbooks, checklists, guides, and books.

Explore this new NDEP tool at [www.ndep.nih.gov/transitions](http://www.ndep.nih.gov/transitions). ■

## Additional Resources

### Updated Publication

The National Diabetes Information Clearinghouse (NDIC) has updated the following publication:

- *Prevent diabetes problems: Keep your kidneys healthy*

This publication is available at [www.diabetes.niddk.nih.gov/dm/pubs/complications\\_kidneys](http://www.diabetes.niddk.nih.gov/dm/pubs/complications_kidneys).

### Large-print Publication

The NDIC has formatted the following easy-to-read publication into large print to help readers with low vision:

- *Prevent diabetes problems: Keep your kidneys healthy*

This publication is available at [www.diabetes.niddk.nih.gov/dm/pubs/complications\\_kidneys/kidneys-largeprint.pdf](http://www.diabetes.niddk.nih.gov/dm/pubs/complications_kidneys/kidneys-largeprint.pdf).

### Updated Spanish-language Publication

The NDIC has updated the following Spanish-language publication:

- *Cómo prevenir los problemas de la diabetes: Mantenga sanos los riñones (How to prevent diabetes problems: Keep your kidneys healthy)*

This publication is available at [www.diabetes.niddk.nih.gov/spanish/pubs/complications\\_kidneys](http://www.diabetes.niddk.nih.gov/spanish/pubs/complications_kidneys).



## New Interactive Tools

New to the Interactive Health Education Tools section of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) website are

### Vodcasts

- Family History and Type 2 Diabetes
- Questions to Ask about Diabetes

### Videocasts

- Diabetes: Autoimmunity and Therapeutic Challenges
- Rethinking Randomized Clinical Trials for Comparative Effectiveness Research: Applications in Obesity and Diabetes
- Hot Topics in Diabetes Research

The NIDDK interactive tools section brings together tools and resources about diabetes from the National Institutes of Health and the National Library of Medicine. To access these resources, visit [www.diabetes.niddk.nih.gov/resources/HealthTools](http://www.diabetes.niddk.nih.gov/resources/HealthTools). ■

## Upcoming Meetings, Workshops, and Conferences

The National Institute of Diabetes and Digestive and Kidney Diseases Information Clearinghouses will exhibit at the following upcoming events:

### American Academy of Family Physicians Scientific Assembly

September 29–October 2 in Denver.  
For more information, visit [www.aafp.org/assembly/2010/index.html](http://www.aafp.org/assembly/2010/index.html).

### American Academy of Pediatrics National Conference and Exhibition

October 2–5 in San Francisco.  
For more information, visit [www.aapexperience.org](http://www.aapexperience.org).

### Society of Urologic Nurses and Associates Annual Conference

October 8–11 in Boston.  
For more information, visit [www.suna.org/cgi-bin/WebObjects/SUNAMain.woa/wa/viewSection?sid=1073743837&ss\\_id=536873129](http://www.suna.org/cgi-bin/WebObjects/SUNAMain.woa/wa/viewSection?sid=1073743837&ss_id=536873129). ■